PRINTED: 03/28/2018 FORM APPROVED California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING CA930000082 03/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1720 TERMINO AVENUE** COMMUNITY HOSPITAL OF LONG BEACH LONG BEACH, CA 90804 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) A 000 Initial Comments A 000 The following reflects the findings of the Department of Public Health during a Monitoring/Complaint Visit. Complaint Number: CA00577565 - Substantiated Representing the Department of Public Health: 19582 The inspection was limited to the specific complaint investigated and does not represent the finding of a full inspection of the facility. One deficiency was written for complaint number CA00577565. A 002 HSC 1255.1(a) Health & Safety Code A 002 Any hospital that provides emergency medical services under Section 1255 shall, as soon as possible, but not later than 90 days prior to a planned reduction or elimination of the level of emergency medical services, provide notice of the intended change to the state department, the local government entity in charge of the provision of health services, and all health care service plans or other entities under contract with the hospital to provide services to enrollees of the

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plan or other entity.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Statute is not met as evidenced by:

Based on record review and interview, the facility failed to provide a 90 days notice prior to a planned reduction or elimination of the level of emergency medical services, by not providing Advanced Cardiac Life Support (ACLS) or accepting patients requiring ACLS, and by engaging in diversion of patients that required

TITLE

(X6) DATE

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California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ C B. WING 03/12/2018 CA930000082 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1720 TERMINO AVENUE** COMMUNITY HOSPITAL OF LONG BEACH LONG BEACH, CA 90804 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 002 A 002 Continued From page 1 ACLS. Findings: On March 8, 2018 at 4 p.m., a monitoring visit was conducted at the facility regarding closure of the hospital due to the Hospital's inability to meet the seismic standards. During an interview, the Administrator stated the patients requiring ACLS services will no longer be received or admitted to the hospital on or after 7 a.m., on 3/9/18... On March 10, 2018, at 10:45 a.m., an unannounced complaint visit was conducted at the hospital regarding ACLS diversion at the facility's emergency department (ED). During the course of the investigation, the surveyor apprised the Emergency Department charge nurse of the nature of the visit and he responded, that he would not be able to provide any responses to the surveyor's questions. The House Supervisor was requested and shortly thereafter arrived. The House Supervisor was also apprised of the nature of the visit and she responded that she would not be able to answer any questions from the Department as she was not at liberty to answer them. The House Supervisor further stated that the Facility Administrator will be in on Monday and it would be better for the surveyor to return at that time for further investigation. During the same time as the interview above, the surveyor observed an ambulance and a police officer outside of the emergency department. The surveyor was unable to verify if the hospital is providing ACLS or if the hospital is receiving

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California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING CA930000082 03/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1720 TERMINO AVENUE** COMMUNITY HOSPITAL OF LONG BEACH LONG BEACH, CA 90804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 002 | Continued From page 2 A 002 ACLS patients. At 2:55 p.m., on the same day, an attempt was made to contact the Administrator but her voice mail was full and unable to leave message. However, few seconds later a call was received from the Administrator. A three-way telephone interview call was held on 3/10/18 at 2:55 p.m. The Administrator stated the ED (Emergency Department) is opened and opened to walk-ins patients, and that the ED was only providing basic life support (BLS) services. When asked about the ACLS diversion, the Administrator stated that ACLS diversion was in place.

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